FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000008241 (8)**

1. Corporation Name
PALM BUILDERS AND REMODELING, INC.

Principal Place of Business
~~2420 66TH TERRACE SOUTH~~
~~ST. PETERSBURG FL 33712~~
6790 15th Ave N.
St. Petersburg, FL 33710

Mailing Address
~~2420 66TH TERRACE SOUTH~~
~~ST. PETERSBURG FL 33712~~

3. Date Incorporated or Qualified: 01/26/1995
3a. Date of Last Report:

2. Principal Place of Business
21 6790 15th Ave. No.
Suite, Apt. #, etc.
22
City & State
23 St. Petersburg, FL
Zip
24 33710
Country
25 USA

2a. Mailing Address
26 ← Same
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3299182 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHOENBERGER, TIM
~~**2420 66TH TERRACE SOUTH**~~ 6790 15th Ave N
~~**ST. PETERSBURG FL 33712**~~ St Petersburg, FL 33710

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Tim Schoenberger
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is filing) DATE

12. OFFICERS AND DIRECTORS

TITLE: D ☐ DELETE
NAME: SCHOENBERGER, TIM
STREET ADDRESS: ~~2420 66TH TERRACE SOUTH~~ 6790 15th Ave N
CITY-ST-ZIP: ~~ST. PETERSBURG FL 33712~~ St Petersburg FL 33710

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Secretary ☐ Change ☑ Addition
1.2 NAME: Michael Ford
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tim Schoenberger — 3-18-96 — (813) 866-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)